

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71090	11/21/00
RESPONSE FORMALITY REVIEW			

**Best Available Copy**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	Original 11/21/00
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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